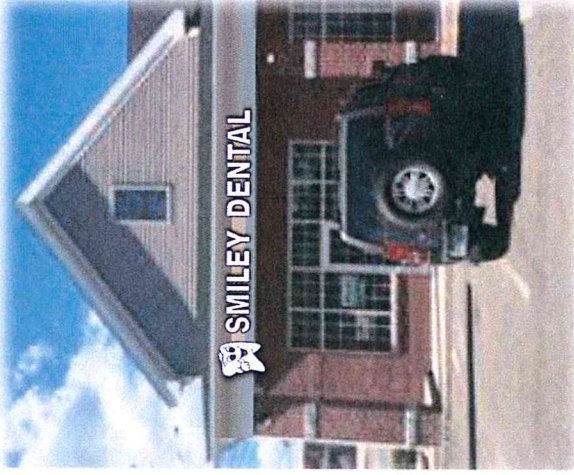


1141 BRIDGE STREET LOWELL QUANTITY TWO OF SAME SIGN

PARKING LOT OVER ENTRANCE



EXISTING



PROPOSED

12
21

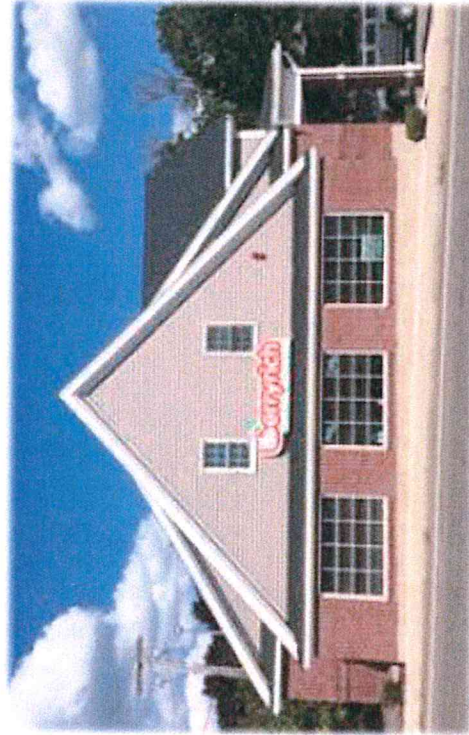
☐ POMFRET, CT 860-928-1407
POSTERITY SIGNS, INC.
1001 PERRY SIGNS.COM

☒ DUDLEY, MA 508-948-1541
GRAPHICA UNLIMITED, INC.
GRAPHICAUNLIMITED.COM



1141 BRIDGE STREET LOWELL QUANTITY TWO OF SAME SIGN

BRIDGE STREET SIDE



2

EXISTING

PROPOSED

☐ POMFRET, CT 860-928-1407
 ROUTE 46, BOX 202 06258
 JERI.BERRY@GUSIGNS.COM

☒ DUDLEY, MA 508-948-1541
 100 W. MAIN ST., BOX 101
 DUDLEY, MA 01927
 GRAPHICS@UNLIMITEDSIGNS.COM



1141 BRIDGE STREET LOWELL ADD NAME TO BUILDING MARQUIS

BRIDGE STREET SIDE



EXISTING



PROPOSED

8 sq. feet

☐ POMFRET, CT 860-928-1407
 ROUTE 46, 2ND FLOOR
 JOEL BERRY DESIGN, COM

☒ DUDLEY, MA 508-948-1541
 100 W. MAIN STREET, 2ND FLOOR
 GUSIGNSLIMITED.COM



www.GUSIGNS.com

1141 BRIDGE STREET LOWELL QUANTITY TWO OF SAME SIGN

23" 71" 74"



SMILEY DENTAL

23"x 26" 598 SQ. IN. 4.2 SQ. FT. 17" x 71" 1,207 SQ. IN. 8.4 SQ. FT. 17" x 74" 1,258 SQ. IN. 8.7 SQ. FT. 21 SQ. FT.

EACH SIGN 21 SQ. FT. SUB TOTAL 42 SQ. FT.
ADD NAME TO BUILDING MARQUIS SIGN 2' x 4' 8 SQ. FT.
TOTAL SIGNAGE 50 SQ. FT.

☐ POMFRET, CT. 860-928-1407
1001 PERRY GUSIGNS.COM



☒ DUDLEY, MA. 508-949-1541
1001 PERRY GUSIGNS.COM



City of Lowell
Division of Development Services
375 Merrimack Street, Room 55
Lowell, MA 01852
P: 978.674.4144 F: 978.446.7103

Building Permit COMMERCIAL/INDUSTRIAL

Fee: Calculated

Property Address (include Unit #s): 1141 Bridge Street

Property Owner: Bridge Reality Trust

Owner Address: PO Box 2112

City, State, Zip: Lowell MA 01851

Owner Phone No: None available

Owner Email: jennyu05@gmail.com

Applicant Name: Graphics Unlimited, LLC for Smiley Dental

FOR OFFICE USE ONLY

Application #: _____

Fee: \$ _____

Check #: _____

Permit #: _____

Email: sales@gusigns.com Phone No: 860-928-1407

Want instant email notification of when permit is issued and inspections completed? Don't forget to give us your email!

Category of Work (Check all that apply):

<input type="checkbox"/> NEW Building Use:	<input type="checkbox"/> NEW Addition	<input type="checkbox"/> NEW Foundation	<input type="checkbox"/> NEW Garage Detached
<input type="checkbox"/> NEW Garage Attached	<input type="checkbox"/> Tenant Fit-Up	<input type="checkbox"/> Interior Demolition	<input type="checkbox"/> Demolition of Structure
<input type="checkbox"/> Retaining Wall 4'+	<input type="checkbox"/> Remodel: Conversion Use:	<input type="checkbox"/> Renovation Due to Fire	<input type="checkbox"/> Repair
<input type="checkbox"/> Remodel: Alteration Use:	<input type="checkbox"/> Change of Use, New Use:	<input type="checkbox"/> Maintain Use Existing Use:	<input type="checkbox"/> Tent Occupancy:
<input type="checkbox"/> Handicap Ramp	<input checked="" type="checkbox"/> Sign	<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Blow-In Insulation

If remodel, alteration, or renovation, Level of Work (Chpt 4): ☐ Level 1 ☐ Level 2 ☐ Level 3

Has construction started yet? ☐ Yes ☒ No

Description of Work (include location of work relative to structure):

Channel letter sign (internally illuminated) wall mounted on Bridge Street side

Channel letter sign (internally illuminated) mounted on parking lot side over entrance

Business name included on building marquis sign. See attached for details of all three signs.

Estimated Project Costs (Labor & Materials):

1. Building Project Cost	\$5,476.00
2. Electrical	\$
3. Plumbing & Gas	\$
4. Mechanical (HVAC)	\$
5. Fire Suppression	\$
Total Project Cost (1+2+3+4+5)	\$ 5,476.00

Building Permit Fees are calculated based on Building Project Cost. Separate permits are required for Electrical, Plumbing, Gas, Mechanical and Fire Suppression.

In accordance with 780 CMR 109.3, applications will be rejected for underestimated value of work.

FOR PROJECTS LESS THAN 35,000 CUBIC FEET OF ENCLOSED SPACE

Licensed Construction Supervisor: Not applicable

Address: _____

City, State, Zip: _____

Email: _____ **Phone No:** _____

License No: _____ **Expiration:** ____ / ____ / ____

Get instant email notification when your permit is issued and inspections completed! Don't forget to give us your email.

License Type (Check One)

<input type="checkbox"/> U Unrestricted	<input type="checkbox"/> M Masonry Only	<input type="checkbox"/> WS Res Windows & Siding	<input type="checkbox"/> D Res Demo
<input type="checkbox"/> R Restricted (1&2 Family)	<input type="checkbox"/> RC Res Roofing	<input type="checkbox"/> SF Res Solid Fuel Burning Appliance Installation	

FOR PROJECTS 35,000 CUBIC FEET OF ENCLOSED SPACE

Registered Architect: Not applicable

Address: _____

City, State, Zip: _____

Email: _____ **Phone No:** _____

Registration No: _____ **Expiration:** ____ / ____ / ____

Registered Professional Engineers: Not applicable

Address: _____

City, State, Zip: _____

Email: _____ Phone No: _____

Registration No: _____ Expiration: ____/____/____

General Contractor: Not applicable

Address: _____

City, State, Zip: _____

Email: _____ Phone No: _____

Dig Safe Ticket Number (Required for foundation and ground work only): Not applicable

Name of Solid Waste Disposal Contractor for Construction Material: _____

Address: _____

	Existing (As Applicable)	Proposed
Number of Floors (including basement)		
Area Per Floor (sqft)		
Total Area (sqft)	46	50
Total Height (ft)		

Structural Peer Review Required ☐ Yes ☒ No

Demolition and/or Construction Debris May Not Be Put Curbside for Municipal Trash Pick Up

As a result of the provisions of MGL c40s54, I acknowledge that as a condition of the building permit, all debris resulting from the construction activity governed by this building permit must be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c111s150A.

Workers Compensation Insurance Affidavit

In accordance with MGL c152s25C(6) a Workers Compensation Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in denial of the building permit.

Taxes and Financial Obligations

In accordance with City of Lowell policy, all taxes, fees, fines and financial obligations must be current before a building permit will be issued.

Arbitration Program & Guaranty Fund


Any homeowner who obtains a building permit to do his/her work or hires a contractor not registered with the Massachusetts' Home Improvement Contractor (HIC) Program, will NOT have access to the Arbitration Program or Guaranty Fund under MGL c142A. For more information about the HIC Program and the Construction Supervisor Licensing (CSL) Program see State of Massachusetts 780 CMR Regulations 110.R5 and 110.R6.

Applicant's/Owner's Responsibility to Have Work Inspected

Failure to obtain proper permits or to have the work inspected and signed off on can result in loss of homeowner's insurance, impact the sale or transfer of the property, result in the suspension or revocation of contractor's state licenses and subject the owner or contractor to fines of up to \$1,000.

Owner's or Owner's Agent Declaration

As Owner/Owner's Agent, I hereby declare, under the pains and penalties of perjury that the statements and information provided herein are true and accurate, to the best of my knowledge and behalf, and that I understand the requirements, regulations and laws applicable to the work described herein.


Applicant Signature

9-22-16

Date

Joel Perry

Print Name

[Print Form](#)



GRAUN01

OP ID: KT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/23/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER ARCHAMBAULT INSURANCE ASSOC. 143 Providence St. PO Box 153 Putnam, CT 06260-0153 Paul Pikora	CONTACT NAME:	
	PHONE (A/C, No., Ext): 860-928-0811	FAX (A/C, No.): 860-928-6462
INSURED Graphics Unlimited LLC Joel Perry P O Box 262 Pomfret, CT 06258	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Harleysville Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC # 26182		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			SPP00000061254H	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BA 00000035129M	12/30/2015	12/30/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			CMB00000061268H	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC00000061267H	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**Bridge Realty Trust
PO Box 2112
Lowell, MA 01851

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marc L Archambault

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CERTIFICATE OF LIABILITY INSURANCE

GRAUN01

OP ID: KT

DATE (MM/DD/YYYY)
09/23/2016

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	PHONE (A/C, No, Ext): 860-928-0811	FAX (A/C, No): 860-928-6462
INSURED Graphics Unlimited LLC Joel Perry P O Box 262 Pomfret, CT 06258	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Harleysville Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			SPP00000061254H	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MED EXP (Any one person) \$ 5,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:		PERSONAL & ADV INJURY \$ 1,000,000				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY			BA 00000035129M	12/30/2015	12/30/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident) \$				
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (PER ACCIDENT) \$				
							\$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		CMB00000061268H	01/01/2016	01/01/2017	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE	AGGREGATE \$ 1,000,000				
	DED <input type="checkbox"/> RETENTION \$		\$				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC00000061267H	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N <input type="checkbox"/>	N / A				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**Smiley Dental
1141 Bridge Street
Lowell, MA 01851

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AUTHORIZED REPRESENTATIVE

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